

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Baptist Health South Florida Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
6855 Red Road Suite 600

City or town, state or province, country, and ZIP or foreign postal code
Coral Gables, FL 331433632

D Employer identification number
65-0267668

E Telephone number
(786) 662-7000

F Name and address of principal officer
Brian E Keeley
6855 Red Road Suite 600
Coral Gables, FL 331433632

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.BAPTISTHEALTH.NET

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1991

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE FORM 990, PART III, LINE 1

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	36
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	20,092
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,054,173
7b Net unrelated business taxable income from Form 990-T, line 34	2,276,265

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	99,790,229	558,462,493
9 Program service revenue (Part VIII, line 2g)	583,509,753	610,535,648
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	225,362,107	112,121,188
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,812,539	12,885,778
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	914,474,628	1,294,005,107
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,352,921	4,806,683
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	289,055,237	275,329,462
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	312,975,832	415,374,416
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	612,383,990	695,510,561
19 Revenue less expenses Subtract line 18 from line 12	302,090,638	598,494,546
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,680,314,858	6,800,060,279
21 Total liabilities (Part X, line 26)	1,793,984,133	2,087,512,529
22 Net assets or fund balances Subtract line 21 from line 20	3,886,330,725	4,712,547,750

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2020-08-13

Janette Sanchez Corporate VP of Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00648526

Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772

Firm's address ▶ 201 N FRANKLIN STREET SUITE 3600 Tampa, FL 336025818 Phone no (813) 273-8355

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 471,154,139 including grants of \$ 4,806,683) (Revenue \$ 613,754,002)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 471,154,139

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V		<input checked="" type="checkbox"/>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,623
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20,092

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes

b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

8 Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

9a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 15 Yes

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O 16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included in line 1a, above, who are independent (36); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, NC); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Finance Department 6855 Red Road Suite 200 Coral Gables, FL 331433632 (786) 662-7000.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	558,377,331			
	e Government grants (contributions)	1e	85,162			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		558,462,493			
Program Service Revenue	2a Management Fees	Business Code				
		561300	617,153,604	617,153,604		
	b Partnership Income	541900	-6,781,594	-4,207,588	-2,574,006	
	c Grant Revenue	900099	163,638	163,638		
	d _____					
	e _____					
	f All other program service revenue		0	0	0	
g Total. Add lines 2a-2f		610,535,648				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,666,118		2,306,249	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		8,961,896				
		b Less rental expenses	3,346,071			
		c Rental income or (loss)	5,615,825	0		
	d Net rental income or (loss)		5,615,825		5,615,825	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		4,307,794,358	3,524,407			
		b Less cost or other basis and sales expenses	4,269,277,222	1,586,473		
		c Gain or (loss)	38,517,136	1,937,934		
	d Net gain or (loss)		40,455,070		40,455,070	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Childcare Revenue	624410	2,729,669		2,729,669		
b CME Revenue	900099	637,881	637,881			
c EHR Revenue	900099	2,210,230	2,210,230			
d All other revenue		1,692,173	370,243	1,321,930		
e Total. Add lines 11a-11d		7,269,953				
12 Total revenue. See Instructions		1,294,005,107	616,328,008	1,054,173	118,160,433	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,806,683	4,806,683		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	10,209,580		10,209,580	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	219,267,044	186,376,987	32,890,057	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,335,811	7,655,365	1,680,446	
9 Other employee benefits.	22,164,230	18,174,669	3,989,561	
10 Payroll taxes.	14,352,797	11,769,294	2,583,503	
11 Fees for services (non-employees)				
a Management.	-7,979,022		-7,979,022	
b Legal.	8,722,356	4,361,178	4,361,178	
c Accounting.	1,374,943		1,374,943	
d Lobbying.	446,996	446,996		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	15,527,462	12,732,519	2,794,943	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,948,266	34,397,578	7,550,688	0
12 Advertising and promotion.	27,921,638	22,895,743	5,025,895	
13 Office expenses.	6,888,829	5,648,840	1,239,989	
14 Information technology.	96,958,413	79,505,899	17,452,514	
15 Royalties.				
16 Occupancy.	12,304,460	10,089,657	2,214,803	
17 Travel.	1,720,017	1,410,414	309,603	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,276	2,686	590	
20 Interest.	11,175,266	9,163,718	2,011,548	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	38,268,323		38,268,323	
23 Insurance.	64,382,240	52,793,437	11,588,803	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Collection Expense	83,675,678		83,675,678	
b Miscellaneous Expense	7,366,973	6,040,918	1,326,055	
c Scholarship Program	3,514,095	2,881,558	632,537	
d Income Tax Expense	1,154,207		1,154,207	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	695,510,561	471,154,139	224,356,422	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	111,539,916	1	132,276,307
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	47,740	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	2,960,000	7	66,821,597
	8 Inventories for sale or use	8,064,439	8	10,489,635
	9 Prepaid expenses and deferred charges	27,279,261	9	31,671,356
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 868,685,678		
	b Less accumulated depreciation	10b 376,153,843	422,911,940	10c 492,531,835
	11 Investments—publicly traded securities	2,972,554,534	11	3,138,980,034
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,134,957,028	15	2,927,289,515
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,680,314,858	16	6,800,060,279	
Liabilities	17 Accounts payable and accrued expenses	149,794,242	17	274,295,272
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,644,189,891	25	1,813,217,257
	26 Total liabilities. Add lines 17 through 25	1,793,984,133	26	2,087,512,529
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,809,253,165	27	4,633,673,269
	28 Temporarily restricted net assets	63,383,969	28	62,048,140
	29 Permanently restricted net assets	13,693,591	29	16,826,341
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,886,330,725	33	4,712,547,750	
34 Total liabilities and net assets/fund balances	5,680,314,858	34	6,800,060,279	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,294,005,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	695,510,561
3	Revenue less expenses Subtract line 2 from line 1	3	598,494,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,886,330,725
5	Net unrealized gains (losses) on investments	5	-66,251,441
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	293,973,920
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,712,547,750

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 65-0267668

Name: Baptist Health South Florida Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jane Alonso Trustee	20 0	X						0	0	0
Sheldon Anderson Trustee	20 0	X						0	0	0
Calvin H Babcock Trustee	20 0	X						0	0	0
Yerby T Barker Trustee	20 0	X						0	0	0
George E Cadman III Trustee	20 40	X						0	0	0
James Carr Trustee	20 80	X						0	0	0
Rev William Chambers III Trustee	20 40	X						0	0	0
Erik Cummings Trustee Beg 10/2018	20 0	X						0	0	0
Richard Dailey Trustee	20 0	X						0	0	0
Tom Davidson Trustee	20 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rev Richard Ledgister Trustee	20 0	X						0	0	0
CHRISTINE E LYNN Trustee Beg 10/2018	20 60	X						0	0	0
Rev Wilner Maxy Trustee	20 0	X						0	0	0
Paul D May Trustee	20 20	X						0	0	0
Pablo Miret Trustee Beg 10/2018	20 0	X						0	0	0
Maritza G Montiel Trustee Beg 01/2019	20 0	X						0	0	0
Albert Nahmad Trustee Beg 10/2018	20 20	X						2,211	0	0
Carmen Perez-Carlton Trustee	20 0	X						1,863	0	0
I Jeffrey Pheterson Trustee	20 20	X						0	0	0
Rev Dr Marcos A Ramos Trustee	20 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Schmidt Trustee Beg 10/2018	20 0	X						0	0	0
Aida Shafer Trustee	20 0	X						0	61	0
Ronald A Shuffield Trustee	20 60	X						226	0	0
Jana Sigars-Malina Trustee	20 0	X						0	0	0
Roberta Stokes Trustee	20 40	X						0	0	0
Bill R Tillett Trustee	20 80	X						0	0	0
John Scott Weston Trustee	20 60	X						0	0	0
Rev Dr William W White Trustee	20 40	X						0	0	0
Matthew Arsenault CFO	50 0			X				659,576	0	171,282
Albert Boulenger COO	50 00			X				1,070,587	0	186,693

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Keeley CEO & President	50 0			X				2,257,177	0	98,696
Ana Lopez-Blazquez CSO	50 0			X				713,399	0	131,718
Joe Natoli Chief Admin Officer	50 4			X				856,431	0	138,302
Jack Ziffer MD CMO	50 0			X				1,127,233	0	173,851
Philomena Taylor CIO	50 0				X			656,172	0	128,959
Lincoln S Mendez CEO - South Miami Hospital	50 0					X		862,782	0	138,511
Patricia Rosello CEO - Baptist Hospital of Miami	50 0						X	831,998	0	164,231
Michael Zinner MD CEO - Miami Cancer Institute	50 0						X	1,648,071	0	15,294
Deborah Mulvihill System CNO Ended 09/2018	50 0						X	1,549,912	0	34,725
Karen Godfrey VP Revenue Cycle Mgmt Ended 07/2018	50 0						X	780,587	0	22,273

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
D Wayne Brackin Former COO	0 0 0						X	891,200	0	6,977	
Ralph Lawson Former CFO	0 0 10 0						X	1,681,015	0	11,877	

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health South Florida Inc

Employer identification number
65-0267668

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 13
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	13				0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	Yes	
5a	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	Yes	
6	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
10a		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	Yes
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	Yes
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	Yes

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	Yes
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	Yes

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup Org	<p>Boca Raton Regional Hospital, Inc became affiliated with Baptist Health South Florida, Inc on 07/01/2019, and thus became a supported organization (I) Name of the supported organization added Boca Raton Regional Hospital, Inc EIN 59-1006663 (II) Boca Raton Regional Hospital, Inc is the new supported organizations added during FY2019 (III) As described in their governing DOCUMENTS, BAPTIST HEALTH SOUTH FLORIDA IS ORGANIZED TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ITS AFFILIATES AS LONG AS THEY ARE DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE IRS CODE (IV) Articles of incorporation and bylaws were amended to include Boca Raton Regional Hospital, Inc</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 Support to other supported orgs	BAPTIST HEALTH SOUTH FLORIDA CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH OUR MISSION THE ORGANIZATION STRIVES TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE TYPICALLY MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS OUR COMMUNITIES RECEIVE FROM THEM

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3 Supp Org Have Significant Voice In Investment Policies	THE OFFICERS AND BOARD OF TRUSTEES OF THE SUPPORTING ORGANIZATION MAINTAINS A CLOSE CONTINUOUS WORKING RELATIONSHIP WITH THE OFFICERS AND BOARD OF DIRECTORS OF THE SUPPORTED ORGANIZATION IN ADDITION, THE INVESTMENT REVIEW COMMITTEE SHALL REVIEW THE PERFORMANCE OF THE INVESTMENT ADVISORS AND INVESTMENT MANAGERS FOR SUPPORTING AND SUPPORTED ORGANIZATIONS, AND SHALL MAKE RECOMMENDATIONS TO THE BOARD THE INVESTMENT REVIEW COMMITTEE SHALL BE COMPRISED OF I) NOT LESS THAN FIVE MEMBERS FROM THE BOARD WHO SHALL BE APPOINTED BY THE BOARD ON THE RECOMMENDATION OF THE NOMINATING COMMITTEE, ONE OF WHOM SHALL BE THE CHAIRPERSON OF THE FINANCE COMMITTEE, AND II) A VOTING MEMBER FROM THE BOARD OF DIRECTORS OF EACH SUPPORTED ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	AS DESCRIBED IN THE ARTICLES OF INCORPORATION FOR EACH SUPPORTED ORGANIZATION, BAPTIST HEALTH SOUTH FLORIDA HAS THE AUTHORITY TO APPOINT TWO BOARD MEMBERS FOR EACH OF THE SUPPORTED ORGANIZATIONS THE BOARD OF TRUSTEES OF BHSF APPROVES ALL NOMINEES FOR EACH SUPPORTED ORGANIZATION'S BOARD

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	BAPTIST HEALTH SOUTH FLORIDA EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS. MANY FUNCTIONS INCLUDING FINANCE, HUMAN RESOURCES, LEGAL, STRATEGIC PLANNING, ETC. ARE RETAINED BY BHSF IN ACCORDANCE WITH THE ARTICLES OF INCORPORATION OF EACH SUPPORTED ORGANIZATION.

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 65-0267668**Name:** Baptist Health South Florida Inc**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BAPTIST HOSPITAL OF MIAMI INC	590910342	3	Yes		0	0
(A) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION	591923401	7	Yes		0	0
(B) SOUTH MIAMI HOSPITAL INC	590872594	3	Yes		0	0
(C) HOMESTEAD HOSPITAL INC	650232993	3	Yes		0	0
(D) MARINERS HOSPITAL INC	591987355	3	Yes		0	0
(E) DOCTORS HOSPITAL INC	043775926	3	Yes		0	0
(F) WEST KENDALL BAPTIST HOSPITAL	522438452	3	Yes		0	0
(G) BAPTIST OUTPATIENT SERVICES INC	562290370	3	Yes		0	0
(H) BAPTIST HEALTH MEDICAL GROUP INC	462597739	9	Yes		0	0
(I) MIAMI CANCER INSTITUTE AT BAPTIST	473090066	9	Yes		0	0
(J) FISHERMEN'S HEALTH INC	821682066	3	Yes		0	0
(K) BETHESDA HOSPITAL INC	592447554	3	Yes		0	0
(L) Boca Raton Regional Hospital Inc	591006663	3	Yes		0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Baptist Health South Florida Inc	Employer identification number 65-0267668
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	446,996	446,996
c Total lobbying expenditures (add lines 1a and 1b)	446,996	446,996
d Other exempt purpose expenditures	470,773,743	4,154,965,918
e Total exempt purpose expenditures (add lines 1c and 1d)	471,220,739	4,155,412,914
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

250,000	250,000
0	0
0	0

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	671,300	660,900	672,855	446,996	2,452,051
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures			0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-A FOUR-YEAR AVERAGING EXPLANATION	THE GOVERNMENTAL RELATIONS DEPARTMENT PROVIDES SUPPORT FOR REGULATORY ISSUES INCLUDING ZONING, CERTIFICATE OF NEED, SIGNAGE AND GENERAL LOCAL REPRESENTATION FOR OVER 25 MUNICIPALITIES, 4 COUNTIES AS WELL AS STATE AND FEDERAL GOVERNMENTS

TY 2018 Affiliated Group Schedule

Name: Baptist Health South Florida Inc

EIN: 65-0267668

Software ID: 18007697

Software Version: 2018v3.1

Affiliated Group Business Name: Baptist Health South Florida Inc

Address. Either US or Foreign Type: 6855 Red Road Suite 600
Coral Gables, FL 331433632

EIN: 65-0267668

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 446,996

Total Lobbying Expenditures: 446,996

Other Exempt Purpose Expenditures: 470,773,743

Total Exempt Purpose Expenditures: 471,220,739

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: BAPTIST HOSPITAL OF MIAMI INC

Address. Either US or Foreign Type: 8900 NORTH KENDALL DRIVE
MIAMI, FL 33176

EIN: 59-0910342

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 1,250,758,863

Total Exempt Purpose Expenditures: 1,250,758,863

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: DOCTORS HOSPITAL INC
Address. Either US or Foreign Type: 5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146
EIN: 04-3775926

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 190,278,677
Total Exempt Purpose Expenditures: 190,278,677
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: WEST KENDALL BAPTIST HOSPITAL INC
Address. Either US or Foreign Type: 9555 SW 162 AVE
MIAMI, FL 33196
EIN: 52-2438452

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 292,030,673
Total Exempt Purpose Expenditures: 292,030,673
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: MARINERS HOSPITAL INC
Address. Either US or Foreign Type: 91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070
EIN: 59-1987355
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 67,197,599
Total Exempt Purpose Expenditures: 67,197,599
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: HOMESTEAD HOSPITAL INC
Address. Either US or Foreign Type: 975 BAPTIST WAY
HOMESTEAD, FL 33033
EIN: 65-0232993
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 400,941,698
Total Exempt Purpose Expenditures: 400,941,698
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: SOUTH MIAMI HOSPITAL INC

Address. Either US or Foreign Type: 6200 SW 73 STREET
MIAMI, FL 33143

EIN: 59-0872594

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 513,792,368

Total Exempt Purpose Expenditures: 513,792,368

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non 0

Tx:

Tot Lobby Expend Mns Lobbying Non 0

Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name: BAPTIST OUTPATIENT SERVICES INC

Address. Either US or Foreign Type: 6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143

EIN: 56-2290370

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 92,165,938

Total Exempt Purpose Expenditures: 92,165,938

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non 0

Tx:

Tot Lobby Expend Mns Lobbying Non 0

Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name: BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC
Address. Either US or Foreign Type: 6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143
EIN: 59-1923401
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 12,880,316
Total Exempt Purpose Expenditures: 12,880,316
Lobbying Nontaxable Amount: 794,016
Grassroots Nontaxable Amount: 198,504
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BHSF REAL ESTATE FOUNDATION INC
Address. Either US or Foreign Type: 6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143
EIN: 65-0611015
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 9,628
Total Exempt Purpose Expenditures: 9,628
Lobbying Nontaxable Amount: 1,926
Grassroots Nontaxable Amount: 481
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BAPTIST HEALTH MEDICAL GROUP INC

Address. Either US or Foreign Type: 6855 RED ROAD SUITE 600
CORAL GABLES, FL 33143

EIN: 46-2597739

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 291,523,033

Total Exempt Purpose Expenditures: 291,523,033

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: MIAMI CANCER INSTITUTE AT BAPTIST HEALTH INC

Address. Either US or Foreign Type: 8900 KENDALL DRIVE
MIAMI, FL 33176

EIN: 47-3090066

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 39,501,488

Total Exempt Purpose Expenditures: 39,501,488

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: FISHERMENS HEALTH INC
Address. Either US or Foreign Type: 3301 OVERSEAS HIGHWAY
MARATHON, FL 33050
EIN: 82-1682066
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 27,530,367
Total Exempt Purpose Expenditures: 27,530,367
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA HOSPITAL INC
Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435
EIN: 59-2447554
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 357,630,663
Total Exempt Purpose Expenditures: 357,630,663
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA HEALTH COMPREHENSIVE IMAGING SERVICES INC
Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435
EIN: 59-2771779
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 6,268,769
Total Exempt Purpose Expenditures: 6,268,769
Lobbying Nontaxable Amount: 463,438
Grassroots Nontaxable Amount: 115,860
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA HEALTH OUTPATIENT SERVICES INC
Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435
EIN: 65-0561263
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 697,003
Total Exempt Purpose Expenditures: 697,003
Lobbying Nontaxable Amount: 129,550
Grassroots Nontaxable Amount: 32,388
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA HEALTH INC
Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435
EIN: 59-2447553
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 32,323,401
Total Exempt Purpose Expenditures: 32,323,401
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA HOSPITAL FOUNDATION INC
Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435
EIN: 59-6137805
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 1,211,151
Total Exempt Purpose Expenditures: 1,211,151
Lobbying Nontaxable Amount: 196,115
Grassroots Nontaxable Amount: 49,029
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BETHESDA PAYROLL SERVICES INC

Address. Either US or Foreign Type: 2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435

EIN: 65-0523164

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 5,500

Total Exempt Purpose Expenditures: 5,500

Lobbying Nontaxable Amount: 1,100

Grassroots Nontaxable Amount: 275

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boca Raton Regional Hospital Inc

Address. Either US or Foreign Type: 800 Meadows Road
Boca Raton, FL 33486

EIN: 59-1006663

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 105,940,189

Total Exempt Purpose Expenditures: 105,940,189

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: BRRH Corporation Inc
Address. Either US or Foreign Type: 800 Meadows Road
Boca Raton, FL 33486
EIN: 59-2406033
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 1,219,867
Total Exempt Purpose Expenditures: 1,219,867
Lobbying Nontaxable Amount: 196,987
Grassroots Nontaxable Amount: 49,247
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: BRRH Home Health Services Inc
Address. Either US or Foreign Type: 800 Meadows Road
Boca Raton, FL 33486
EIN: 65-0044715
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 284,984
Total Exempt Purpose Expenditures: 284,984
Lobbying Nontaxable Amount: 56,997
Grassroots Nontaxable Amount: 14,249
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Baptist Health South Florida Inc

Employer identification number
65-0267668

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,377,209	1,269,111	910,000	750,000	650,000
b Contributions	3,166,230	108,098	359,111	160,000	100,000
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,543,439	1,377,209	1,269,111	910,000	750,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	193,680,274			193,680,274
b Buildings	183,350,384		55,694,233	127,656,151
c Leasehold improvements	16,080,113		11,324,431	4,755,682
d Equipment	152,040,255		114,286,059	37,754,196
e Other	323,534,652		194,849,120	128,685,532
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				492,531,835

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Investment in Affiliates	1,427,993,905
(2) Due from Affiliates	1,419,346,714
(3) Accrued Interest Receivable	10,643,706
(4) Deposits	2,506,000
(5) Other Assets	4,038,552
(6) Other Investments	24,204,234
(7) Beneficial Interest in Assets of BHSF Foundation Inc	38,556,404
(8) Assets with Limited Use	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,927,289,515

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Other Liabilities	8,467,433
Due to Affiliates	1,477,933,635
Self Insurance Reserve	1,311,189
2017 Taxable Bonds	250,000,000
Commercial Paper	75,500,000
Asset Retirement Obligation	5,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,813,217,257

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,192,719,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-66,251,441
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	511,297,761
e	Add lines 2a through 2d	2e	445,046,320
3	Subtract line 2e from line 1	3	747,673,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	546,331,672
c	Add lines 4a and 4b	4c	546,331,672
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,294,005,107

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	681,847,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,408,136
e	Add lines 2a through 2d	2e	1,408,136
3	Subtract line 2e from line 1	3	680,439,799
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	15,070,762
c	Add lines 4a and 4b	4c	15,070,762
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	695,510,561

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 65-0267668
Name: Baptist Health South Florida Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Investment in Affiliates	1,427,993,905
(1) Due from Affiliates	1,419,346,714
(2) Accrued Interest Receivable	10,643,706
(3) Deposits	2,506,000
(4) Other Assets	4,038,552
(5) Other Investments	24,204,234
(6) Beneficial Interest in Assets of BHSF Foundation Inc	38,556,404
(7) Assets with Limited Use	

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	<p>BAPTIST HEALTH SOUTH FLORIDA, INC'S (BHSF) ENDOWMENT CONSISTS OF FUNDS THAT HAVE BEEN LIMITED BY DONORS TO A SPECIFIC TIME PERIOD OR PURPOSE AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS ALL ENDOWMENTS RECEIVED BY BHSF HAVE BEEN RECORDED AS PERMANENTLY RESTRICTED NET ASSETS DUE TO THE DONOR IMPOSED RESTRICTIONS ENDOWMENT FUNDS RECEIVED ARE INCLUDED IN ASSETS WHOSE USE IS LIMITED AND INVESTED IN ACCORDANCE WITH BHSF'S INVESTMENT POLICY GIFTS DONATED TO THE PERMANENTLY RESTRICTED ENDOWMENTS ARE CLASSIFIED AS PERMANENTLY RESTRICTED NET ASSETS AT THEIR ORIGINAL FAIR VALUE GIFTS DONATED WITH TEMPORARY RESTRICTIONS ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS AT THEIR ORIGINAL FAIR VALUE, UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY BHSF, BHSF HOSPITALS, BAPTIST HEALTH MEDICAL GROUP INC, MIAMI CANCER INSTITUTE AT BAPTIST HEALTH INC AND BOS IN ACCORDANCE WITH DONORS' WISHES</p> <p>INCOME DERIVED FROM PERMANENTLY AND TEMPORARILY RESTRICTED NET ASSETS IS EXPENDABLE TO SUPPORT BHSF, BHSF HOSPITALS, BAPTIST HEALTH MEDICAL GROUP INC, MIAMI CANCER INSTITUTE AT BAPTIST HEALTH INC AND BOS, ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY THE PURPOSE OF ROBERT COLE LECTURE SERIES DINNER ENDOWMENT FUND IS TO SUPPORT AN ANNUAL DINNER LECTURE FOR NURSES THE PURPOSE OF JOSEPH T OSTROSKI, MD ENDOWMENT FUND IS TO SUPPORT PHYSICIANS FOR THE PHYSICIAN LIAISON OF THE FOUNDER SOCIETY IN PERPETUITY WHO FACILITATES FOUNDER'S HEALTHCARE NEEDS AND SERVES AS A PATIENT ADVOCATE FOR FOUNDATION, HOSPITALITY & BUSINESS RELATIONS</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The current accounting standards require that deferred income taxes reflect the tax consequences on future years of differences between the tax bases of assets and liabilities and their bases for financial reporting purposes. Accounting for Uncertainty in Income Taxes, ASC 740-10 (formerly FIN48), prescribes a comprehensive model for how an organization should measure, recognize, present, and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. Future tax benefits, such as minimum tax credit carry forwards, are required to be recognized to the extent that realization of such benefits is more likely than not. As of September 30, 2019 and 2018, BHSF had no material unrecognized tax positions. No material unrecognized tax positions are expected through September 30, 2020. BHSF is periodically audited by federal and state taxing authorities. The outcome of these audits may result in BHSF being assessed taxes in addition to amounts previously paid. Federal returns for fiscal years 2016 through 2018 remain open and subject to examination by the Internal Revenue Service.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Equity in Affiliates - 267822014 Investment Management Fees - -15527462 Inherent Contribution - Boca Raton Regional Hospital, Inc - 259003209

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Rental Expenses - -3346071 Book to Tax Differences from Investment in Partnerships - -9103 219 Loss on Disposal of Assets - 1937934 Contributions from Affiliates - 556843028

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rental Expenses - 3346071 Loss on disposal of assets - -1937935

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Investment Management Fees - 15527462 Book to Tax Differences from Investment in Partnerships - -456700

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Baptist Health South Florida Inc

Employer identification number
65-0267668

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	3	0			2,285,288
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	3	0			2,285,288

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 65-0267668

Name: Baptist Health South Florida Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	3	0	Program Services	MARKETING	1,010,347
North America (Canada & Mexico only)	0	0	Program Services	MARKETING	83,061

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Marketing	67,381
Europe (Including Iceland and Greenland)	0	0	Investments	Investment-related expenses	597,279

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	MARKETING	513,220
East Asia and the Pacific	0	0	Program Services	Marketing	8,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	Marketing	6,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Baptist Health South Florida Inc

Employer identification number

65-0267668

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 67
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	BAPTIST HEALTH SOUTH FLORIDA CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH OUR MISSION THE ORGANIZATION STRIVES TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES TYPICALLY MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS OUR COMMUNITIES RECEIVE FROM THEM

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 65-0267668
Name: Baptist Health South Florida Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Florida Jail Ministries Inc - Agape Network 22790 SW 112th Ave Miami, FL 33170	59-2471230	501(c)(3)	150,000				Contributions
DAVE & MARY ALPER JEWISH COMMUNITY CENTER INC 11155 SW 112 AVENUE Miami, FL 33176	59-2736411	501(c)(3)	7,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO Box 930461 ATLANTA, GA 31193	13-1788491	501(c)(3)	49,500				Contributions
AMERICAN HEART ASSOCIATION PO Box 4002900 DES MOINES, IA 50340	13-5613797	501(c)(3)	100,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Jewish Committee Corp 165 E 56TH St New York, NY 100222746	13-5563393	501(c)(3)	15,000				Contributions
AMERICAN RED CROSS 2025 E street NW WASHINGTON, DC 20006	53-0196605	501(c)(3)	10,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Be The Match Foundation 500 N 5th ST Minneapolis, MN 554011206	41-1704734	501(c)(3)	10,000				Contributions
BELEN JESUIT PREPARATORY SCHOOL INC 500 SW 127 AVENUE Miami, FL 33184	59-0998339	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS AND BIG SISTERS OF GREATER MIAMI 701 SW 27 Ave Miami, FL 33135	59-6166904	501(c)(3)	15,000				Contributions
CAMILLUS HOUSE INC 1603 NW 7 Ave Miami, FL 33136	65-0032862	501(c)(3)	20,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING FOR MIAMI INC 8900 SW 168TH STREET PALMETTO BAY, FL 33157	26-4725581	501(c)(3)	185,000				Contributions
CATALYST MIAMI INC 3000 BISCAYNE BOULEVARD Miami, FL 33137	65-0690368	501(c)(3)	159,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chapman Partnership Inc 1550 N Miami Ave Miami, FL 33136	65-0425069	501(c)(3)	31,500				Contributions
Coalition to Protect America's Health Care 800 10TH St NW TWO CITYCENTER WASHINGTON, DC 20001	52-2253225	501(c)(3)	142,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Foundation for Palm Beach and Martin Counties 700 S Dixie Highway West Palm Beach, FL 33401	23-7181875	501(c)(3)	50,000				Contributions
Congressional Hispanic Leadership Institute Inc 734 15th Street WASHINGTON, DC 20005	20-0392012	501(c)(3)	30,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAL GABLES COMMUNITY FOUNDATION 1825 PONCE DE LEON Coral Gables, FL 33134	65-0208290	501(c)(3)	10,500				Contributions
Dieu Est Notre Espoir Inc 9350 SW 79 Ave Miami, FL 33156	30-0078509	501(c)(3)	18,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Christian Association of America Inc 14701 NW 7 Ave Miami, FL 33168	59-2371125	501(c)(3)	9,700				Contributions
FIRST CALL FOR HELP OF BROWARD INC 250 NE 33RD STREET OAKLAND PARK, FL 33334	65-0589294	501(c)(3)	7,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION 11200 SW 8 St Miami, FL 33199	23-7047106	501(c)(3)	1,000,000				Contributions
FLORIDA TAXWATCH RESEARCH INSTITUTE INC 106 N BRONOUGH STREET TALLAHASSEE, FL 32303	59-1918055	501(c)(3)	15,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE UNDERLINE INC 1004 COTORRO AVENUE Coral Gables, FL 33146	46-4028150	501(c)(3)	12,500				Contributions
Gilda's Club of South Florida Inc 119 Rose Drive Fort Lauderdale, FL 33316	65-0528626	501(c)(3)	25,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Southeast Florida Inc 6944 Lake Worth Road Lake Worth, FL 33467	59-0657327	501(c)(3)	6,000				Contributions
GLORIA ESTEFAN FOUNDATION INC 420 Jefferson Ave Miami Beach, FL 33139	65-0466117	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD HEALTH CLINIC INC 91555 Overseas Hwy TAVERNIER, FL 33070	04-3745805	501(c)(3)	178,000				Contributions
Grace Jones Community Center Inc 230 41ST ST Marathon, FL 33050	59-2632876	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity of the Upper Keys Inc 98970 Overseas Hwy Key Largo, FL 33037	65-0169353	501(c)(3)	40,000				Contributions
Hollub Family Foundation Inc 5780 SW 119 Street Miami, FL 33156	65-0677206	501(c)(3)	7,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFORMED FAMILIES 2490 Coral Way CORAL GABLES, FL 33145	59-2231894	501(c)(3)	15,000				Contributions
LEADERSHIP BROWARD FOUNDATION INC 1640 W OAKLAND PK BLVD Fort Lauderdale, FL 33311	65-0387636	501(c)(3)	9,850				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Palm Beach County Inc 2751 S Highway West Palm Beach, FL 33405	59-2569079	501(c)(3)	17,500				Contributions
LIVE LIKE BELLA INC PO BOX 161215 Miami, FL 33116	46-2965698	501(c)(3)	5,600				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Make-A-Wish Southern Florida 4491 S State Rd 7 Suite 201 Fort Lauderdale, FL 33314	59-2620322	501(c)(3)	15,000				Contributions
MIAMI BAPTIST ASSOCIATION 7855 SW 104 ST Miami, FL 33156	59-0914210	501(c)(3)	682,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI BEACH JEWISH COMMUNITY CENTER INC 4221 PINE TREE DRIVE Miami Beach, FL 33140	59-2788834	501(c)(3)	10,000				Contributions
Miami Coalition of Christians and Jews Inc 150 SE 2ND Ave Miami, FL 33131	20-3534284	501(c)(3)	6,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miami-Dade Beacon Council Inc 80 SW 8 ST Miami, FL 33130	59-2603574	501(c)(3)	11,000				Contributions
Miami Dade College Foundation Inc 300 NE 2 Ave Miami, FL 33132	59-6169745	501(c)(3)	11,750				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miami-Dade County League of Cities Inc 19 W Flagler St Miami, FL 33130	65-0240302	501(c)(3)	12,000				Contributions
MIAMI DADE COUNTY DAYS INC 6815 Biscayne Blvd Miami, FL 33138	65-0102405	501(c)(4)	17,600				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 2100 BISCAYNE BOULEVARD Miami, FL 33137	59-2141837	501(c)(3)	10,000				Contributions
New World Symphony Inc 500 17 Street Miami Beach, FL 33139	59-2809056	501(c)(3)	50,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nicklaus Children's Health Care Foundation Inc 11770 US Highway One North Palm Beach, FL 33408	57-1154352	501(c)(3)	10,000				Contributions
OPEN DOOR HEALTH CENTER INC 1350 SW 4 St HOMESTEAD, FL 33030	83-0375996	501(c)(3)	468,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ALTERNATIVE TREATMENT CARE HOUSING & EVALUATION SERVICES INC (PAT 335 SOUTH KROME AVE FLORIDA CITY, FL 33034	65-1012818	501(c)(3)	170,000				Contributions
Plantation Volunteer Fire Association Inc 550 SW 65 Ave Plantation, FL 33317	59-6166211	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Promise Fund of Florida Inc 7207 West Lake Drive West Palm Beach, FL 33406	83-0535519	501(c)(3)	25,000				Contributions
Save Our Sisters DBT Inc 7200 SW 108th Terrace Miami, FL 33156	37-1571296	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seeding to Action Inc 319 Clematis St West Palm Beach, FL 33401	82-3419587	501(c)(3)	15,000				Contributions
Sofia's Hope Inc 10106 SW 126 ST Miami, FL 33176	46-1900752	501(c)(3)	14,200				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA DAY OF CARING INC 13840 SW 72 COURT Miami, FL 33158	01-0889118	501(c)(3)	20,000				Contributions
SOUTH MIAMI CHILDRENS CLINIC 6200 SW 73 St Miami, FL 33143	20-4583206	501(c)(3)	250,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN MIAMIFORT LAUDERDALE 11098 biscayne blvd Miami, FL 33161	75-2462834	501(c)(3)	42,250				Contributions
TEAM FOOTWORKS 5724 Sunset Dr Miami, FL 33143	65-0455073	501(c)(3)	42,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BROWARD ALLIANCE INC GREATER FT LAUDERDALE 110 E BROWARD BLVD Fort Lauderdale, FL 33301	59-2697760	501(c)(6)	25,000				Contributions
The De Moya Foundation 95 Merrick Way Third Floor Coral Gables, FL 33134	46-7481251	501(c)(3)	8,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Homeless Coalition of Palm Beach County Inc 810 Datura Street West Palm Beach, FL 33401	65-0125852	501(c)(3)	11,800				Contributions
THE LEUKEMIA & LYMPHOMA SOCIETY 200 South Park RD Hollywood, FL 33021	13-5644916	501(c)(3)	76,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OVARIAN CANCER RESEARCH FUND INC 14 Pennsylvania Plaza New York, NY 10122	13-3806788	501(c)(3)	10,000				Contributions
THE RAYMOND F KRAVIS CENTER FOR THE PERFORMING ARTS INC 701 Okeechobee Blvd West Palm Beach, FL 33401	59-2245054	501(c)(3)	12,500				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SUNDARI FOUNDATION INC 217 NW 15 ST Miami, FL 33136	81-0652266	501(c)(3)	10,000				Contributions
WOMENS BREAST HEALTH INITIATIVE FLORIDA AFFILIATE 14125 NW 80 Ave Miami Lakes, FL 33016	56-2540735	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY PO Box 29025 Miami, FL 33102	59-0830840	501(c)(3)	32,250				Contributions
Willow Creek Association Corporation 67 E ALGONQUIN RD SOUTH BARRINGTON, IL 60010	36-3799040	501(c)(3)	10,000				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women of Tomorrow Mentor and Scholarship Program Inc 8400 NW 36 ST Doral, FL 33166	65-0862995	501(c)(3)	5,500				Contributions
YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY FLORIDA INC 900 SE 3RD AVENUE Fort Lauderdale, FL 33316	59-0624463	501(c)(3)	12,200				Contributions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YPO Miami FT Lauderdale Gold Chapter Inc 7600 SW 104 Street Pinecrest, FL 33156	90-0639703	501(c)(3)	7,500				Contributions

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Baptist Health South Florida Inc

Employer identification number
65-0267668

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I SCHEDULE J	ANNUALLY, AS PART OF THE BAPTIST HEALTH SOUTH FLORIDA EXECUTIVE BENEFIT PLAN, EXECUTIVES DEFER A PORTION OF THEIR FLEXIBLE BENEFIT ALLOWANCE AND AT LEAST 50% OF THEIR LONG-TERM INCENTIVE AWARDS INTO A CAPITAL ACCUMULATION ACCOUNT ("CAA") ESTABLISHED FOR EACH PARTICIPANT. MOST OF THE EXECUTIVES USE THE FUNDS FROM THE CAA TO HELP FUND RETIREMENT. THE AMOUNTS CREDITED TO EACH PARTICIPANT'S CAA MUST BE DEFERRED FOR A MINIMUM OF TWO YEARS AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE UNTIL PAID. HOWEVER, WHEN A PARTICIPANT ATTAINS AGE 66 DURING A PLAN YEAR, THE AMOUNTS CREDITED TO THEIR CAA DURING THAT PLAN YEAR AND ALL FUTURE YEARS MAY NO LONGER BE DEFERRED AND MUST BE PAID OUT TO THE EXECUTIVE IN THE YEAR CREDITED.

Return Reference	Explanation
Schedule J, Part II, Column (B)(ii) EXECUTIVE COMPENSATION	ALL EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF INDEPENDENT UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES WHO HAVE CERTIFIED THAT THEY HAVE NO CONFLICT OF INTEREST WITH THE ORGANIZATION REPORTABLE COMPENSATION INCLUDES BASE SALARY AS WELL AS PAYMENTS UNDER A FORMAL INCENTIVE PLAN WHICH REWARDS SUCCESSFUL ACHIEVEMENT OF QUALITY, MISSION, CHARITY CARE, AND FINANCIAL CORPORATE OBJECTIVES

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	EXECUTIVE COMPENSATION BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR PROFIT ORGANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E G , BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED) CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR PERSONAL USE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	D Wayne Brackin, Former COO, received a payment for severance in FY2019 in the amount of \$640,031 Such amounts were paid pursuant to his employment contract Deborah Mulvihill, System CNO, received a payment for severance in FY2019 in the amount of \$70,451 Such amounts were paid pursuant to the her employment contract

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	AS PART OF THE BAPTIST HEALTH SOUTH FLORIDA EXECUTIVE BENEFIT PLAN, EXECUTIVES ARE ELIGIBLE TO ALLOCATE A PORTION OF THEIR FLEXIBLE SPENDING ALLOWANCE TO A SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT(SSAB) ACCOUNT THE SSAB IS A LIFE INSURANCE PRODUCT THAT PROVIDES A DEFERRED RETIREMENT BENEFIT FOR THE EXECUTIVE OR A DEATH BENEFIT FOR THE EXECUTIVE'S SURVIVORS CONTRIBUTIONS TO THE SSAB MAY BE MADE ANNUALLY TO THE PARTICIPANT'S ACCOUNT ALL CONTRIBUTIONS ACCUMULATE, ALONG WITH INVESTMENT EARNINGS, FOR THE PERIOD THE EXECUTIVE PARTICIPATES THE EXECUTIVE DOES NOT HAVE ACCESS TO THE CONTRIBUTIONS MADE OR THE RELATED INVESTMENT INCOME, ALL OF WHICH IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE PURSUANT TO THE SSAB PLAN GUIDELINES, THIS BENEFIT IS TERMINATED UPON AN EXECUTIVE REACHING AGE 65, HOWEVER, PAYMENT CAN BE DEFERRED TO A DATE AT LEAST TWO YEARS AFTER REACHING AGE 65 BUT NO LATER THAN 68 AT THAT TIME THE ENTIRE AMOUNT ACCUMULATED IS PAID OUT IN A LUMP SUM SSAB amounts vested in FY19 included Jack Ziffer, MD \$214,411 Karen Godfrey \$357,038 Deborah Mulvihill \$1,004,685

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS



Schedule J (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 65-0267668
Name: Baptist Health South Florida Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
D Wayne Brackin	(i)	41,292	149,490	700,418	5,037	1,940	898,177	149,490
Former COO	(ii)	0	0	0	0	0	0	0
Ralph Lawson	(i)	400,622	740,875	539,518	5,500	6,377	1,692,892	0
Former CFO	(ii)	0	0	0	0	0	0	0
Matthew Arsenault	(i)	414,955	220,519	24,102	141,181	30,101	830,858	0
CFO	(ii)	0	0	0	0	0	0	0
Albert Boulenger	(i)	674,090	384,178	12,319	150,997	35,696	1,257,280	96,314
COO	(ii)	0	0	0	0	0	0	0
Brian Keeley	(i)	1,043,170	1,205,636	8,371	69,286	29,410	2,355,873	0
CEO & President	(ii)	0	0	0	0	0	0	0
Ana Lopez-Blazquez	(i)	444,664	257,517	11,218	118,310	13,408	845,117	61,319
CSO	(ii)	0	0	0	0	0	0	0
Joe Natoli	(i)	540,723	302,208	13,500	114,269	24,033	994,733	0
Chief Admin Officer	(ii)	0	0	0	0	0	0	0
Jack Ziffer MD	(i)	559,280	545,612	22,341	127,266	46,585	1,301,084	299,295
CMO	(ii)	0	0	0	0	0	0	0
Philomena Taylor	(i)	382,173	227,388	46,611	99,579	29,380	785,131	61,742
CIO	(ii)	0	0	0	0	0	0	0
Lincoln S Mendez	(i)	470,860	296,751	95,171	93,621	44,890	1,001,293	61,774
CEO - South Miami Hospital	(ii)	0	0	0	0	0	0	0
Patricia Rosello	(i)	525,276	296,617	10,105	133,038	31,193	996,229	50,897
CEO - Baptist Hospital of Miami	(ii)	0	0	0	0	0	0	0
Michael Zinner MD	(i)	1,495,071	150,000	3,000	5,500	9,794	1,663,365	0
CEO - Miami Cancer Institute	(ii)	0	0	0	0	0	0	0
Deborah Mulvihill	(i)	234,539	1,170,864	144,509	32,762	1,963	1,584,637	1,059,574
System CNO Ended 09/2018	(ii)	0	0	0	0	0	0	0
Karen Godfrey	(i)	132,880	538,014	109,693	6,339	15,934	802,860	442,526
VP Revenue Cycle Mgmt Ended 07/2018	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health South Florida Inc

Employer identification number

65-0267668

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF SOUTH MIAMI HEALTH FACILITIES AUTHORITY	65-0641181	838810EE5	12-28-2017	895,943,006	THE PROCEEDS OF THE 2017 BONDS WERE USED TO REFUND BONDS ISSUED 5/26/2007, 4/22/2010 AND 5/2/2013		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	27,225,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	895,943,006			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows	116,598,353			
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	785,432,571			
12 Other unspent proceeds				
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	1 %							
6 Total of lines 4 and 5	1 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part IV, Line 3 Variable Rate	THE FORM 8308 FOR THE BONDS ERRONEOUSLY REPORTS THE ISSUE AS VARIABLE YIELD

Return Reference	Explanation
Schedule K, Part IV, Line 6 Gross Proceeds Invested	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Baptist Health South Florida Inc

Employer identification number

65-0267668

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 MISSION	ORGANIZATION MISSION THE MISSION OF BAPTIST HEALTH SOUTH FLORIDA AND ITS AFFILIATES ("BAPTIST HEALTH") IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, AND TO PROMOTE THE SANCTITY AND PRESERVATION OF LIFE, IN THE COMMUNITIES WE SERVE BAPTIST HEALTH IS A FAITH-BASED ORGANIZATION GUIDED BY THE SPIRIT OF JESUS CHRIST AND THE JUDEO-CHRISTIAN ETHIC WE ARE COMMITTED TO MAINTAINING THE HIGHEST STANDARDS OF CLINICAL AND SERVICE EXCELLENCE, ROOTED IN THE UTMOST INTEGRITY AND MORAL PRACTICE CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, REGARDLESS OF RELIGION, CREED, RACE OR NATIONAL ORIGIN, INCLUDING, AS PERMITTED BY ITS RESOURCES, CHARITY CARE TO THOSE IN NEED

990 Schedule O, Organizational Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	<p>CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, INCLUDING, AS PERMITTED BY OUR RESOURCES, CHARITY CARE TO THOSE IN NEED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 93,289 ADULT ADMISSIONS, 460,279 PATIENT DAYS, AND 452,920 EMERGENCY ROOM VISITS DURING THAT SAME TIME PERIOD, URGENT CARE VISITS TOTALED 326,628, OUTPATIENT SURGERY CASES 97,976, AND TOTAL OUTPATIENT VISITS WERE 1,520,473 SYSTEM-WIDE AS OF SEPTEMBER 30, 2019, THE SYSTEM HAD 2,235 LICENSED INPATIENT BEDS COMPRISED OF 2,037 ACUTE CARE BEDS IN TOTAL, BAPTIST HEALTH PROVIDED MORE THAN \$390,000,000 IN COMMUNITY BENEFIT DURING FY2019 WE PROVIDED CHARITY CARE VALUED AT \$109,883,000 AS WELL AS \$211,397,000 IN UNCOMPENSATED SERVICES THE ESTIMATED COST OF PROVIDING CHARITY SERVICES AND UNCOMPENSATED SERVICES IS BASED ON RECENT HISTORICAL COST-TO-CHARGE RATIOS FOR CHARITY PATIENTS AND MEDICAID PATIENTS FROM BAPTIST HEALTH'S COST ACCOUNTING SYSTEM, APPLIED TO THE CURRENT PERIOD GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY AND MEDICAID PATIENTS BAPTIST HEALTH ALSO CONTRIBUTED \$35,339,000 TO THE INDIGENT CARE FUND AND EXPENDED \$3,403,000 FOR EDUCATIONAL PROGRAMS, SCREENINGS, CORPORATE SPONSORSHIPS AND DONATIONS FREE COMMUNITY HEALTH AND WELLNESS PROGRAMS COVERED TOPICS RANGING FROM INSOMNIA AND FOOD SAFETY TO DIABETES AND WEIGHT CONTROL IN ADDITION, BAPTIST HEALTH PROVIDED FREE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, BODY COMPOSITION AND OSTEOPOROSIS BAPTIST HEALTH ALSO HELPED THOSE IN NEED OF PRIMARY CARE SERVICES BY DONATING APPROXIMATELY \$1,763,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS SUCH AS THE OPEN DOOR HEALTH CENTER IN HOMESTEAD, THE SOUTH MIAMI CHILDREN'S CLINIC, THE GOOD NEWS CARE CENTER IN FLORIDA CITY, AND THE GOOD HEALTH CLINIC IN TAVERNIER BAPTIST HEALTH SPENT \$21,414,000 PAYING PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED ADDITIONALLY, WE PROVIDED \$1,771,000 IN CONTINUING MEDICAL EDUCATION, \$3,110,000 IN PALLIATIVE CARE, \$81,000 IN CHAPLAINCY CARE, AND \$1,949,752 IN UNFUNDED PATIENT CARE DURING FY2019 BAPTIST HEALTH FULFILLS ITS MISSION TO PROVIDE COMPASSIONATE CARE NOT ONLY BY PROVIDING ASSISTANCE TO THOSE IN FINANCIAL NEED, BUT ALSO BY SUPPORTING SERVICES THAT INCUR OPERATING LOSSES THAT ARE ESSENTIAL TO THE COMMUNITY IN 2007, BAPTIST HEALTH INVESTED APPROXIMATELY \$135,000,000 IN BUILDING A REPLACEMENT HOSPITAL FOR HOMESTEAD HOSPITAL HOMESTEAD HOSPITAL OPERATES AT A LOSS, BUT BAPTIST HEALTH CONTINUES TO OPERATE THIS HOSPITAL BECAUSE IT FILLS AN IMPORTANT COMMUNITY NEED FOR QUALITY HEALTHCARE ADDITIONALLY BAPTIST HEALTH HAS INVESTED SUBSTANTIAL FUNDS TO HARDEN ITS FACILITIES TO WITHSTAND A CATEGORY 5 HURRICANE FOR THE PROTECTION OF OUR PATIENTS AND NEIGHBORS MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017 THE \$430 MILLION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	<p>N, 445,000-SQUARE-FOOT FACILITY IS PART OF BAPTIST HEALTH MIAMI CANCER INSTITUTE HAS BECOME THE THIRD FULL MEMBER, AND THE ONLY MEMBER IN FLORIDA, OF THE MEMORIAL SLOAN KETTERING (MSK) CANCER ALLIANCE, AN INITIATIVE DESIGNED TO COLLABORATIVELY GUIDE COMMUNITY PROVIDERS TOWARD STATE-OF-THE-ART CANCER CARE MIAMI CANCER INSTITUTE FEATURES A UNIQUE, HYBRID ACADEMIC-COMMUNITY CANCER CENTER MODEL BACKED BY 30 YEARS OF BAPTIST HEALTH'S EXPERTISE IN CANCER CARE THE FACILITY, LOCATED ON THE BAPTIST HOSPITAL CAMPUS, CONSOLIDATES MANY OUTPATIENT CLINICAL SERVICES, CLINICAL RESEARCH, AND TECHNOLOGY PLATFORMS UNDER ONE ROOF THE INSTITUTE IS HOME TO ONE OF THE MOST COMPREHENSIVE AND ADVANCED RADIATION ONCOLOGY PROGRAMS IN THE WORLD, INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE OF UNDER TWO DOZEN PROTON THERAPY CENTERS IN THE NATION, WHICH OPENED IN FALL 2017 THE PRECISION OF PROTON THERAPY ALLOWS DOCTORS TO TARGET CANCER CELLS WITHOUT DAMAGING HEALTHY TISSUE AND VITAL ORGANS MIAMI CANCER INSTITUTE DRAWS A SIGNIFICANT NUMBER OF PATIENTS FROM OUTSIDE THE UNITED STATES, AS WELL AS LEADING MEDICAL AND BUSINESS PROFESSIONALS TO SOUTH FLORIDA FOR CONFERENCES, SYMPOSIA AND OTHER EVENTS THE HILTON MIAMI-DADELAND - A 184-ROOM, FULL-SERVICE HOTEL AND CONFERENCE CENTER - OPENED IN EARLY 2019 AND HAS BEEN AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE IN ADDITION TO THE HEALTH-RELATED BENEFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL IMPACT ON OUR COMMUNITY AS OF FY2019, BAPTIST HEALTH EMPLOYED MORE THAN 23,000 INDIVIDUALS AS SOUTH FLORIDA'S LARGEST PRIVATE EMPLOYER, BAPTIST HEALTH IS TAKING A LEADERSHIP ROLE BY COMMITTING TO THE ENVIRONMENTALLY RESPONSIBLE, ENERGY-EFFICIENT DESIGN AND FUNCTION OF OUR FACILITIES THIS COMMITMENT APPLIES TO OUR DAY-TO-DAY OPERATIONS, FROM THE SUPPLIES WE PURCHASE TO THE VEHICLES WE USE IN ACCORDANCE WITH OUR FAITH-BASED MISSION, BAPTIST HEALTH IS COMMITTED TO MAKING A SIGNIFICANT, POSITIVE IMPACT ON THE COMMUNITY IT SERVES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a US INFORMATIONAL RETURNS	BAPTIST HEALTH HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS BAPTIST HEALTH SOUTH FLORIDA, INC ("BHSF") SERVES AS THE CENTRALIZED CASH RECEIPT AND DISBURSING AGENT FOR ALL BAPTIST HEALTH ENTITIES AS SUCH ONLY BHSF ISSUES US INFORMATIONAL RETURNS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a EMPLOYEES REPORTED ON FORM W-3	BHSF IS THE APPOINTED PAY AGENT FOR ALL OF ITS AFFILIATES AS SUCH ONLY BHSF ISSUES FORM W-3 BHSF EMPLOYED 3,830 INDIVIDUALS DIRECTLY IN FY19

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PERFORMANCE-BASED EXECUTIVE COMPENSATION	<p>THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEALTHCARE EXECUTIVES REFLECTS A VERY COMPETITIVE ENVIRONMENT FOR QUALIFIED EXECUTIVES. IT IS COMPRISED OF LARGE, NATIONAL, FOR PROFIT CHAINS AND NOT-FOR-PROFIT HOSPITAL SYSTEMS AND STAND-ALONE HOSPITALS. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA SEEKS EXECUTIVES OF VISION AND LEADERSHIP TO CARRY OUT THE ORGANIZATION'S FAITH-BASED MISSION OF QUALITY CARE AND COMMUNITY SERVICE. THE BOARD EXPECTS THESE EXECUTIVES TO PROVIDE LEADERSHIP THAT WILL PLACE BAPTIST HEALTH AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION FOR QUALITY AND EXCELLENCE. THE BOARD EXPECTS EXECUTIVES TO DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH CONFLICT OF INTEREST POLICY, EXECUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES. EXECUTIVE COMPENSATION IS CONSIDERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THESE EXPECTATIONS. THE BOARD'S COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT BOARD MEMBERS WHO SERVE VOLUNTARILY WITHOUT ANY REMUNERATION, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY THAT PRECLUDES THEM OR THEIR FAMILIES FROM DOING BUSINESS WITH BAPTIST HEALTH. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION FOR EXECUTIVES. THE TERM "COMPENSATION" INCLUDES SALARIES, BENEFITS AND INCENTIVES. THE COMPENSATION COMMITTEE ANNUALLY ENGAGES A NATIONALLY-RECOGNIZED, INDEPENDENT CONSULTANT TO CONDUCT COMPENSATION SURVEYS AND TO ADVISE THE BOARD ON COMPENSATION POLICIES. THE COMPENSATION COMMITTEE DECISIONS ARE BASED ON THE FOLLOWING: 1. TOTAL COMPENSATION PACKAGE RECRUITMENT AND RETENTION OF CAPABLE, PRODUCTIVE EXECUTIVES IS ACCOMPLISHED THROUGH DESIGN OF A TOTAL COMPENSATION PACKAGE THAT INCLUDES A BASE SALARY, AT-RISK INCENTIVE PAY, AND BENEFITS. IT IS THE OBJECTIVE OF BAPTIST HEALTH TO ENSURE A CONSISTENT COMPENSATION PHILOSOPHY ACROSS ALL EMPLOYEE AND LEADERSHIP LEVELS THAT REWARDS OUTSTANDING PERFORMANCE USING A CASH PLUS EMPLOYEE BENEFITS PACKAGE TARGETING THE 75TH PERCENTILE. BASE SALARIES OF FULLY PRODUCTIVE EXECUTIVES ARE INDEXED TO THE MEDIAN (50TH PERCENTILE) SALARY PAID BY SIMILAR HEALTH CARE ORGANIZATIONS. INCENTIVE PAY FOR SUPERIOR ACHIEVEMENT PROVIDES THE OPPORTUNITY FOR TOTAL CASH COMPENSATION AT THE 75TH PERCENTILE OF THE EXECUTIVE'S PEER GROUP IF THE EXECUTIVE EXCEEDS HIS/HER PERFORMANCE METRICS. 2. PERFORMANCE-BASED SALARY INCREASES. ONE OF THE KEY ELEMENTS OF BAPTIST HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY IS "PAY FOR PERFORMANCE." SALARY INCREASES ARE BASED UPON THE DEGREE TO WHICH EACH EXECUTIVE ACHIEVES HIS/HER INDIVIDUAL PERFORMANCE OBJECTIVES FOR THE YEAR, WHICH ARE TIED TO CORPORATE OBJECTIVES. GENERALLY THESE OBJECTIVES RELATE TO CLINICAL QUALITY, PATIENT, PHYSICIAN AND COMMUNITY SATISFACTION, CHARITY CARE AND MISSION GOALS, FINANCIAL PERFORMANCE AND EXPENSE MANAGEMENT. INDIVIDUAL AND GROUP PERFORMANCE AGA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 PERFORMANCE-BASED EXECUTIVE COMPENSATION	<p>INST THESE OBJECTIVES IS REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD OF TRUSTEES ANNU ALLY AFTER THE CLOSE OF THE FISCAL YEAR 3 MARKET-BASED SALARY INCREASES THE BOARD'S COM PENSATION COMMITTEE REVIEWS THE MARKET VALUE OF EXECUTIVE POSITIONS ANNUALLY TO ASSURE THA T BAPTIST HEALTH'S PAY LEVELS ARE COMPETITIVE THE INDEPENDENT CONSULTANT, SELECTED BY THE COMPENSATION COMMITTEE, OBTAINS EXECUTIVE SALARY INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS AT HEALTHCARE INSTITUTIONS OF COMPARABLE SIZE WITHIN FLORIDA AND THE UNITED STAT ES BAPTIST HEALTH'S PEER GROUP IS COMPRISED OF OTHER COMPLEX NOT-FOR-PROFIT HOSPITAL SYST EMS OF SIMILAR SIZE AND SCOPE BUT DOES NOT INCLUDE FOR-PROFIT HOSPITALS, WHOSE COMPENSATIO N PRACTICES ARE FAR MORE GENEROUS 4 NO GUARANTEED SALARY INCREASES THERE IS NO GUARANTE E OF ANNUAL EXECUTIVE SALARY INCREASES SALARY INCREASES DEPEND UPON THE ORGANIZATION'S AB ILITY TO PAY, THE EXECUTIVE'S SALARY IN RELATION TO THE MARKET, THE EXECUTIVE'S PERFORMANC E LEVEL, AND INTERNAL PAY RELATIONSHIPS TO PEERS 5 AT-RISK INCENTIVE PAY KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIV E PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY THE PURPOSE O F INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE THE ACHIEVEMENT OF THESE G OALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE AC HIEVEMENT OF THE AGREED-UPON GOALS 6 PERQUISITES BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR-PROFIT ORG ANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS THESE BENEFITS ARE D EEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE PERQUISITES ARE GE NERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR REL EVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WID E POLICIES AND PROCEDURES BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITE D TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E G , BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCO MMODATION CAN BE AVOIDED) CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR P ERSONAL USE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONAL SERVICES (SUCH AS MAID, CHAU FFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Brian Keeley and Albert Nahmad - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 4 Significant changes to organizational documents</p>	<p>THE ARTICLES OF INCORPORATION OF BAPTIST HEALTH SOUTH FLORIDA, INC WERE AMENDED AND RESTATED DURING THE FISCAL YEAR AS FOLLOWS ARTICLE II - PURPOSES & ACTIVITIES, SUBSECTION (B) - CLASSIFICATION SHALL BE AS FOLLOWS TO SATISFY THE REQUIREMENTS OF SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND THE EQUIVALENT SECTION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW THIS CORPORATION (1) IS ORGANIZED AND AT ALL TIME HEREAFTER SHALL BE OPERATED, EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF BAPTIST HOSPITAL OF MIAMI, INC, SOUTH MIAMI HOSPITAL, INC, HOMESTEAD HOSPITAL, INC, MARINERS HOSPITAL, INC, DOCTORS HOSPITAL, INC, BAPTIST OUTPATIENT SERVICES, INC, WEST KENDALL BAPTIST HOSPITAL, INC, BAPTIST HEALTH MEDICAL GROUP, INC, MIAMI CANCER INSTITUTE AT BAPTIST HEALTH, INC, FISHERMEN'S HEALTH, INC, BETHESDA HOSPITAL, INC, BRRH CORPORATION, BOCA RATON REGIONAL HOSPITAL, INC, AND BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC, SO LONG AS THEY ARE DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE CODE. (2) SHALL BE OPERATED IN CONNECTION WITH THE ORGANIZATIONS DESCRIBED IN (B)(1) ABOVE, AND (3) SHALL NOT BE CONTROLLED DIRECTLY OR INDIRECTLY BY ONE OR MORE DISQUALIFIED PERSONS (AS DEFINED IN SECTION 4946 OF THE CODE) OTHER THAN FOUNDATION MANAGERS AND OTHER THAN ONE OR MORE ORGANIZATIONS DESCRIBED IN (B)(1) ABOVE ARTICLE IV - MEMBERSHIP, SUBSECTION (B) - AFFILIATE CHAIRPERSON TRUSTEES SHALL BE AS FOLLOWS THE CHAIRPERSON OF THE BOARD OF DIRECTORS OF EACH OF THE MONROE COUNTY AND MIAMI-DADE COUNTY HOSPITALS AFFILIATED WITH THE CORPORATION SHALL BE A TRUSTEE DURING SUCH TIME AS HE OR SHE IS SERVING AS CHAIRPERSON THE CHAIRPERSONS OF THE BOARD OF DIRECTORS OF BAPTIST OUTPATIENT SERVICES, INC, BAPTIST HEALTH ENTERPRISES, INC, BAPTIST HEALTH MEDICAL GROUP, INC, MIAMI CANCER INSTITUTE AT BAPTIST HEALTH, INC, AND BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC, SHALL BE TRUSTEES, PROVIDED, HOWEVER, THAT THE RIGHT OF EACH SUCH CHAIRPERSON TO SERVE AS A TRUSTEE SHALL TERMINATE WHEN SUCH CHAIRPERSON CEASES TO HOLD SUCH OFFICE THE CHAIRPERSON OF BETHESDA HEALTH, INC, OR HIS OR HER DESIGNEE FROM THE BETHESDA HEALTH, INC BOARD OF DIRECTORS, AND THE CHAIRPERSON OF BRRH CORPORATION, OR HIS OR HER DESIGNEE FROM THE BRRH CORPORATION BOARD OF DIRECTORS SHALL BE TRUSTEES, PROVIDED THAT THE RIGHT OF SUCH CHAIRPERSONS TO SERVE AS A TRUSTEE SHALL TERMINATE WHEN SUCH CHAIRPERSONS CEASE TO HOLD SUCH OFFICE, AND THAT RIGHT OF THEIR RESPECTIVE DESIGNEES TO SERVE AS A TRUSTEE SHALL TERMINATE IF SUCH PERSON CEASES TO BE A MEMBER OF THEIR RESPECTIVE BOARD OF DIRECTORS OR CEASES TO BE THEIR DESIGNEE ARTICLE IV - MEMBERSHIP, SUBSECTION (G) - TERM OF OFFICE SHALL BE AS FOLLOWS FOR THE PURPOSE OF HAVING THE ELECTED TRUSTEES DIVIDED INTO THREE CLASSES AS NEARLY EQUAL IN NUMBER AS MAY BE, WHOSE TERMS OF OFFICE, RESPECTIVELY, SHALL EXPIRE IN DIFFERENT YEARS, EACH ELECTED TRUSTEE MAY BE ELECTED FOR A TERM TO EXPIRE ON OC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	OCTOBER 31 OF THE YEAR IN WHICH THE ELECTED TRUSTEE IS ELECTED, OR OF EITHER OF THE NEXT TWO SUCCEEDING YEARS, AND SHALL HOLD OFFICE FOR THE TERM FOR WHICH THE ELECTED TRUSTEE IS ELECTED AND UNTIL THE ELECTED TRUSTEE IS RE-ELECTED OR A SUCCESSOR IS ELECTED AND TAKES OFFICE THE PHYSICIAN TRUSTEE SHALL BE ELECTED TO A TERM TO EXPIRE ON OCTOBER 31 OF THE SECOND YEAR FOLLOWING THE PHYSICIAN TRUSTEE'S ELECTION NO ELECTED TRUSTEE WHO IS ELECTED AFTER MAY 1, 2019 SHALL BE ELIGIBLE TO SERVE MORE THAN NINE (9) CONSECUTIVE YEARS AN ELECTED TRUSTEE WHO IS NO LONGER ELIGIBLE TO SERVE ON THE BOARD OF TRUSTEES MAY BE RE-ELECTED TO THE BOARD OF TRUSTEES AFTER THE EXPIRATION OF ONE (1) YEAR FOLLOWING THE END OF HIS OR HER PREVIOUS TERM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	BAPTIST HEALTH MANAGEMENT IS RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE TAX RETURNS OF BHSF AND ALL OF ITS NONPROFIT, CHARITABLE AFFILIATES THIS FORM 990 HAS BEEN PREPARED IN CONFORMITY WITH THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS INDEPENDENT TAX CONSULTANTS AND MEMBERS OF MANAGEMENT HAVE REVIEWED IN DETAIL THE COMPLETED FORM 990 PRIOR TO FILING, THE FORM 990 PREPARATION PROCESS AND THE DOCUMENTS ARE DISCUSSED AT A MEETING OF THE FINANCE & RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES AND MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTARY ADDITIONALLY THE EXECUTIVE AND COMPENSATION COMMITTEES OF THE BHSF BOARD OF TRUSTEES, COMPOSED OF INDEPENDENT UNCOMPENSATED MEMBERS, REVIEW OTHER PERTINENT AREAS OF THE RETURN AS NEEDED THE PRESIDENT AND CEO, AS WELL AS THE EXECUTIVE VICE PRESIDENT AND CFO, HEREBY CERTIFY AS TO THE ACCURACY AND COMPLETENESS OF THIS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>EMPLOYEE CONFLICT OF INTEREST AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST OCCURS IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION THIS POLICY IS INTENDED FOR ALL EMPLOYEES TO UNDERSTAND, IDENTIFY, MANAGE, AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS, WHICH COULD RESULT IN AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BAPTIST HEALTH ANY DECISIONS MADE BY BAPTIST HEALTH EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BAPTIST HEALTH AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL, AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS, AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS A POTENTIAL OR PERCEIVED CONFLICT OF INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE BOARD CONFLICT OF INTEREST BAPTIST HEALTH HAS A STRONG AND ROBUST CONFLICT OF INTEREST POLICY THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE BOARD OF TRUSTEES GOVERNS THE AFFAIRS OF BAPTIST HEALTH WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BAPTIST HEALTH VOTING BOARD MEMBERS MAY NOT BE EMPLOYED BY BAPTIST HEALTH, NOR ENGAGED TO PROVIDE SERVICES TO BAPTIST HEALTH IN EXCHANGE FOR CASH COMPENSATION CONFLICT FREE DECISION MAKING EXTENDS BEYOND THE BOARD MEMBERS TRANSACTIONS THAT MIGHT BENEFIT (I) THE PRIVATE INTEREST OF A MEMBER OR HIS OR HER FAMILY (II) AN ORGANIZATION CONTROLLED BY A MEMBER OF HIS OR HER FAMILY (II I) AN ORGANIZATION IN WHICH A MEMBER OR HIS OR HER FAMILY HAS A MATERIAL INTEREST SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE AS DAMAGING TO BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS THIS CONTINUING OBLIGATION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE WHO REPORTS DIRECTLY TO THE BOARD POTENTI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMMITTEE. IF A CONFLICT DOES EXIST, THE CONFLICTED BOARD MEMBER MAY BE REQUIRED TO (I) RESIGN FROM THE BOARD OR (II) ELIMINATE THE RELATIONSHIP, WHICH GIVES RISE TO THE CONFLICT. ENFORCEMENT AND MONITORING OF CONFLICT OF INTEREST POLICY ONE OF BAPTIST HEALTH'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS. ONE WAY TO ASSURE INTEGRITY IS THEIR COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT. AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY, BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM. THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS. ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH SOUTH FLORIDA, INC. BOARD OF TRUSTEES. ANY DISCLOSURES THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT ARE ADDRESSED BY THE COMMITTEE FOR ITS CONSIDERATION AND RESOLUTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	DOCUMENTS AVAILABLE TO THE PUBLIC DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST IN ADDITION BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THIRD PARTY WEBSITES THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON WWW BAPTISTHEALTH NET

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A PART VII	THE AMOUNTS APPEARING AS REPORTABLE COMPENSATION ON FORM 990 PART VII FOR VOLUNTEER BOARD MEMBERS ARE COMPOSED OF EITHER PAYMENTS FOR SERVICES AS AN ELECTED REPRESENTATIVE OF THE MEDICAL STAFF, NON-CLINICAL SERVICES RENDERED TO BAPTIST HEALTH SOUTH FLORIDA OR ITS AFFILIATES WHICH MAKE POSSIBLE AN IMPORTANT ADMINISTRATIVE FUNCTION, OR MINOR DISCOUNTS ON CLINICAL SERVICES RECEIVED AT A BAPTIST HEALTH SOUTH FLORIDA FACILITY ALL OF THESE AMOUNTS ARE REPORTED IN ACCORDANCE WITH THE RULES AND REGULATIONS PERTAINING TO IRS FORMS W-2 AND 1099 RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue 1692173, Related or Exempt Function Revenue 370243, Unrelated Business Revenue 1321930, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	BOOK TO TAX DIFFERENCE FROM INVESTMENT IN PARTNERSHIP - 8646512, EQUITY IN AFFILIATES - 267822014, TEMPORARILY RESTRICTED NOT-FOR-PROFIT EQUITY - 33479, BENEFICIAL INTEREST IN NET ASSETS OF BHSF FOUNDATION - -1369308, CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - 3132750, EQUITY IN NOT-FOR-PROFIT AFFILIATES - 15708473,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health South Florida Inc

Employer identification number

65-0267668

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BAPTIST HEALTH INTERNATIONAL SERVICES LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 45-4706492	INTERNATIONAL SERVICES	FL	1,221,366	0	BHSF

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 65-0267668
Name: Baptist Health South Florida Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0267668	SUPPORT	FL	501(c)(3)	Type III-FI	NA	Yes	
8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
6200 SW 73 ST MIAMI, FL 33143 59-0872594	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
975 BAPTIST WAY HOMESTEAD, FL 33033 65-0232993	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
9555 SW 162 AVE MIAMI, FL 33196 52-2438452	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 56-2290370	MED DIAG	FL	501(c)(3)	3	BHSF	Yes	
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-1923401	FUNDRAISING	FL	501(c)(3)	7	BHSF	Yes	
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0611015	SUPPORT	FL	501(c)(3)	Type I	BHSF	Yes	
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 46-2597739	HEALTHCARE	FL	501(c)(3)	10	BHSF	Yes	
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-3090066	HEALTHCARE	FL	501(c)(3)	10	BHSF	Yes	
3301 OVERSEAS HWY MARATHON, FL 33050 82-1682066	HOSPITAL	FL	501(c)(3)	3	BHSF	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447553	SUPPORT ORGANIZATION	FL	501(c)(3)	Type III-FI	BHSF	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2771779	O/P MEDICAL SERVICES	FL	501(c)(3)	10	BHI	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561263	O/P MEDICAL SERVICES	FL	501(c)(3)	10	BHI	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447554	HOSPITAL	FL	501(c)(3)	3	BHI	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-6137805	FUNDRAISING	FL	501(c)(3)	7	BHI	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-6775830	SELF INSURANCE TRUST	FL	501(c)(3)	Type I	BHI	Yes	
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2230109	SELF INSURANCE TRUST	FL	501(c)(3)	Type I	BHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0523164	PAYROLL SUPPORT	FL	501(c)(3)	Type I	BHI	Yes	
800 MEADOWS ROAD BOCA RATON, FL 33486 59-1006663	HOSPITAL	FL	501(c)(3)	3	BRRH	Yes	
800 MEADOWS ROAD BOCA RATON, FL 33486 59-2406033	SUPPORT	FL	501(c)(3)	Type III-FI	BHSF	Yes	
800 MEADOWS ROAD BOCA RATON, FL 33486 65-0044715	O/P MEDICAL SERVICES	FL	501(c)(3)	Type III-FI	BRRH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KENDALL PROFESSIONAL CENTER LIMITED 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 59-2645094	LEASING OFFICE SPACE	FL	NA	N/A								
(1) BAPTIST SLEEP CENTERS OF SOUTH FLORIDA LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 27-3597226	MEDICAL SERVICES	FL	NA	N/A								
(2) BAPTIST SURGERY AND ENDOSCOPY CENTERS LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 20-1796841	MEDICAL SERVICES	FL	NA	N/A								
(3) BAPTIST HEALTH SURGERY CENTER LLC 8900 N KENDALL DRIVE MIAMI, FL 33176 65-0663357	MEDICAL SERVICES	FL	NA	N/A								
(4) AMSURG BAPTIST NETWORK ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-3088958	HOLDING COMPANY	FL	NA	N/A								
(5) BAPTIST AMBULATORY ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4431967	HOLDING COMPANY	FL	NA	N/A								
(6) HEALTH NETWORK AMBULATORY ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4490589	HOLDING COMPANY	FL	NA	N/A								
(7) MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-4128811	CARDIAC MEDICAL CENTER	FL	BHSF	Related	916,297	1,929,507		No		Yes		
(8) MEDLEY OPPORTUNITY FUND III LP 280 PARK AVENUE 6TH FLOOR EAST NEW YORK, NY 10152 47-1284126	INVESTMENT IN DEBT	NY	BHSF	Related	4,916,898	68,349,498		No			No	
(9) SOUTH FLORIDA CENTER FOR ENDOSCOPY & DIGESTIVE DISEASE LLC 7875 SW 104TH ST SUITE 201 Miami, FL 33156 65-1112489	MEDICAL SERVICES	FL	NA	N/A								
(10) CARE SERVICES OF BETHESDA LLC CENTRAL EXPY STE 1300 DALLAS, TX 75206 20-1745631	HOME HEALTH	TX	NA	N/A								
(11) MCCOY INVESTMENTS III LP 250 W 55TH ST 13D NEW YORK, NY 10019 47-1225274	INVESTMENT IN FUNDS	NY	BHSF	Related	630,749	9,864,403		No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BAPTIST HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862	REAL ESTATE MANAGEMENT	FL	BHSF	C Corporation	49,776,478	197,397,448		Yes	
(1) SAMARITAN RISK RETENTION GROUP 146 Fairchild Street Suite 135 Charleston, SC 29492 20-3433505	INSURANCE	SC	BHSF	C Corporation	4,405,135	41,964,697		Yes	
(2) PINEAPPLE INSURANCE COMPANY 98-0465790	INSURANCE	CJ	BHSF	C Corporation	-4,836	8,413,442		Yes	
(3) BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	LEASE OFFICE SPACE	FL	BHE	C Corporation	4,885,872	8,240,281		Yes	
(4) BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	BHE	C Corporation	771,096	-418,453		Yes	
(5) KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTION AGENCY	FL	BHE	C Corporation	2,762,796	1,297,511		Yes	
(6) WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTION AGENCY	FL	BHE	C Corporation	0	0		Yes	
(7) SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	BHE	C Corporation	0	18,431		Yes	
(8) EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0593165	REAL ESTATE RENTAL	FL	BHE	C Corporation	0	1,554,691		Yes	
(9) BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	BHE	C Corporation	12,802,025	34,615,924		Yes	
(10) BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	REAL ESTATE BROKER	FL	BHE	C Corporation	269,264	2,219,052		Yes	
(11) BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	BHE	C Corporation	0	0		Yes	
(12) BETHESDA HEALTH PHYSICIAN GROUP INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561267	PHYSICIAN OFFICES	FL	NA	C Corporation					No
(13) BETHESDA HOLDING COMPANY INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2663767	HOLDING COMPANY	FL	NA	C Corporation					No
(14) PALM BEACH CREDIT ADJUSTORS INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2507658	INVESTMENT	FL	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) BOCACARE INC 800 MEADOWS ROAD BOCA RATON, FL 33486 26-4190328	PHYSICIAN OFFICES	FL	NA	C Corporation					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Baptist Health Enterprises Inc	A	4,487,471	Fair Market Value
(1)	Samaritan Risk Retention Group Inc	A	183,788	Fair Market Value
(2)	Baptist Health South Florida Foundation Inc	C	1,534,303	Fair Market Value
(3)	Baptist Health Enterprises Inc	D	64,081,612	NET BOOK VALUE
(4)	Samaritan Risk Retention Group Inc	D	2,720,000	Net Book Value
(5)	South Miami Hospital Inc	J	589,135	Fair Market Value
(6)	Doctors Hospital Inc	J	747,292	Fair Market Value
(7)	Baptist Outpatient Services Inc	J	927,027	Fair Market Value
(8)	Baptist Health Medical Group Inc	J	2,244,032	Fair Market Value
(9)	Baptist Health South Florida Foundation Inc	J	229,102	Fair Market Value
(10)	Baptist Health Enterprises Inc	J	505,841	Fair Market Value
(11)	Baptist Surgery and Endoscopy Centers LLC	J	1,167,864	Fair Market Value
(12)	West Kendall Baptist Hospital Inc	K	127,277	Fair Market Value
(13)	Baptist Outpatient Services Inc	K	228,051	Fair Market Value
(14)	Baptist Health Enterprises Inc	K	428,262	Fair Market Value
(15)	BMAB East Tower Inc	K	128,677	Fair Market Value
(16)	Kendall Professional Center Limited	K	182,654	Fair Market Value
(17)	Bethesda Hospital Inc	L	11,024,907	Fair Market Value
(18)	Boca Raton Regional Hospital Inc	L	214,500	Fair Market Value
(19)	Miami Cancer Institute at Baptist Health Inc	L	1,345,776	Fair Market Value
(20)	Baptist Hospital of Miami Inc	L	24,431,820	Fair Market Value
(21)	West Kendall Baptist Hospital Inc	L	5,489,220	Fair Market Value
(22)	South Miami Hospital Inc	L	10,417,608	Fair Market Value
(23)	Doctors Hospital Inc	L	3,936,744	Fair Market Value
(24)	Homestead Hospital Inc	L	6,550,572	Fair Market Value

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Mariners Hospital Inc	L	1,522,824	Fair Market Value
(1)	Fishermen's Health Inc	L	521,736	Fair Market Value
(2)	Baptist Outpatient Services Inc	L	3,251,916	Fair Market Value
(3)	Baptist Health Medical Group Inc	M	185,000	Fair Market Value
(4)	Samaritan Risk Retention Group Inc	L	199,999	Fair Market Value
(5)	Miami Cardiac & Vascular Management Company LLC	L	1,461,200	Fair Market Value
(6)	Pineapple Insurance Company Limited	M	5,186,861	Fair Market Value
(7)	Baptist Health Enterprises Inc	M	2,442,646	Fair Market Value
(8)	Samaritan Risk Retention Group Inc	M	5,250,338	Fair Market Value
(9)	Bethesda Hospital Inc	R	4,792,083	Fair Market Value
(10)	Boca Raton Regional Hospital Inc	R	75,469,274	Fair Market Value
(11)	Baptist Health South Florida Foundation Inc	R	17,243,984	Change in Acct
(12)	Pineapple Insurance Company Limited	R	868,960	Change in Acct
(13)	Bethesda Holding Company Inc	R	4,477,793	Change in Acct
(14)	Miami Cancer Institute at Baptist Health Inc	R	12,467,605	Change in Acct
(15)	Homestead Hospital Inc	R	52,393,976	Change in Acct
(16)	Fishermen's Health Inc	R	6,587,816	Change in Acct
(17)	Baptist Health Medical Group Inc	R	146,635,561	Change in Acct
(18)	Baptist Hospital of Miami Inc	S	185,217,839	Fair Market Value
(19)	Bethesda Hospital Inc	S	234,686,158	Fair Market Value
(20)	South Miami Hospital Inc	S	101,867,186	Fair Market Value
(21)	Mariners Hospital Inc	S	17,628,328	Fair Market Value
(22)	Baptist Outpatient Services Inc	S	17,443,517	Fair Market Value
(23)	Doctors Hospital Inc	S	7,056,795	Change in Acct
(24)	Samaritan Risk Retention Group Inc	S	772,508	Change in Acct

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) West Kendall Baptist Hospital Inc	S	54,036,484	Change in Acct
(1) Baptist Health Enterprises Inc	S	30,939,458	Change in Acct
(2) Boca Raton Regional Hospital Inc	S	259,003,209	Fair Market Value
(3) Bethesda Memorial SIT - Malpractice	S	6,684,632	Fair market value
(4) Bethesda Memorial SIT - Workman's Comp	S	776,108	Fair market value